World Health Organization | Contingency Fund for Emergencies (CFE)

Mid-Year Update | July 2026

CFE funding has helped WHO sustain health services in Mozambique following devastating flooding earlier this year.

In the first half of 2026, the CFE continued to enable WHO to respond rapidly to health emergencies worldwide. WHO released more than **US$ 10 million** from the CFE to address the health consequences of 12 emergencies, including five disease outbreaks, three complex crises, and four natural disasters.

As a key source of WHO's flexible, early financing for emergencies, the CFE ensures that life-saving operations can begin immediately, often before other donor funding is mobilized. Twelve Member States and the UN Foundation have pledged or contributed more than **US$ 17 million** to the CFE so far this year.

The Fund's balance, however, remains critically low. Continued support is needed to ensure WHO can act first and fast when new health emergencies strike.

Contributions in 2026 (up to 30 June)

Norway	5.4M	Kuwait	500K
Canada	2.5M	UN Foundation	357K
Germany	2.3M	Luxembourg	170K*
Ireland	2.3M	Portugal	117K
France	1.7M*	Philippines	100K
United Kingdom	1.3M	Estonia	17K
Republic of Korea	600K	**Total US$**	**17.4M**

** Pledges*

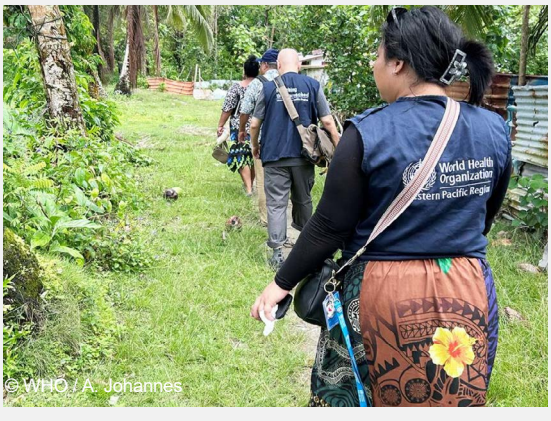
20.6M Fund balance

(30 June 2026 | US$)

Releases by emergency in 2026 (up to 30 June)

Ebola outbreak (Democratic Republic of the Congo)	3.9M
Escalation of hostilities (Islamic Republic of Iran and Middle East)	2.8M
Venezuela earthquake	1.5M
Myanmar complex emergency	500K
Southeastern Africa flooding	470K
Somalia drought	450K
Nigeria Lassa Fever	350K
Nigeria cholera	200K
Typhoon Sinlaku (Federated States of Micronesia)	150K
Madagascar mpox	150K
Hantavirus response (African Region)	100K
Cambodia conflict	48K
Total US$	**10.6M**

Typhoon Sinlaku: Delivering emergency health services to remote communities



CFE funding has enabled WHO to sustain life-saving health operations in the aftermath of Typhoon Sinlaku in Chuuk State, Federated States of Micronesia, particularly in hard-to-reach outer islands. Typhoon Sinlaku struck Chuuk State between 9 and 12 April 2026, severely disrupting health services across geographically dispersed communities. As the scale of damage and access constraints became clearer, WHO used a mid-May CFE allocation of **US$ 150 000** to deliver essential health services where needs persisted. The funding has supported follow-up care for patients with noncommunicable diseases, who face heightened risks because services remain disrupted and access is limited. It has also helped WHO maintain operational continuity in a resource-constrained setting where alternative financing has been exhausted, enabling teams to reach remote populations despite high logistical costs.

For more information:
https://www.who.int/cfe

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Democratic Republic of the Congo: Containing the Ebola outbreak

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When the WHO Director-General declared the Ebola Bundibugyo virus disease outbreak in the Democratic Republic of the Congo and Uganda a Public Health Emergency of International Concern (PHEIC) on 17 May 2026, the situation was evolving rapidly. The outbreak was growing and the disease had already crossed borders, and there are no approved vaccines or treatments for the Bundibugyo strain causing the outbreak.

Within 48 hours, WHO released **US$ 3.9 million** from the CFE, providing the immediate financing needed to launch and scale up response operations mainly in the Democratic Republic of the Congo, which continues to account for the majority of cases and operational requirements.

In the first three weeks of the response, WHO activated its incident management system and deployed more than 100 experts through its staff and global partner networks. Leveraging its global logistics hubs, WHO delivered 75 metric tonnes of life-saving supplies, including personal protective equipment, diagnostics and clinical equipment. Clinical management capacity expanded rapidly, with isolation and treatment centres established for suspected and confirmed cases within days, reaching over 500 beds by the end of June.

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At the same time, WHO strengthened other key response pillars working with the Ministry of Health and partners, including infection prevention and control, community engagement, surveillance, and preparations for critical therapeutic clinical trials. Readiness measures were expanded in eight priority countries to help prevent further spread.

The first few weeks showed why rapid, flexible financing matters: by unlocking immediate action, the CFE helped transform an emergency declaration into a full-scale response when every day counted.

Venezuela earthquakes: Early financing for a rapid health response

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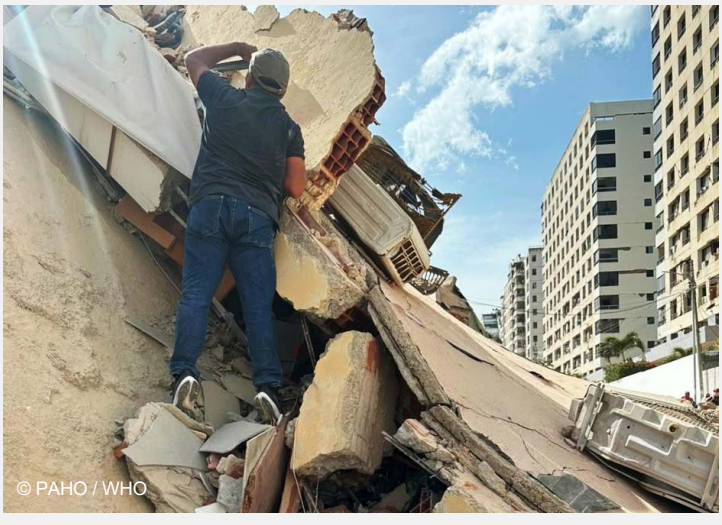
On 24 June 2026, two powerful earthquakes measuring 7.2 and 7.5 magnitude struck north-central Venezuela within seconds of each other, affecting millions of people and causing widespread damage to homes, hospitals and critical infrastructure. Authorities declared a state of emergency as reports emerged of deaths, injuries and disruptions to essential services across multiple affected states.

PAHO/WHO immediately began supporting national authorities through technical cooperation, health-sector coordination and rapid assessments of health facilities and priority public health risks. Initial efforts focused on understanding the impact on hospitals and health services, identifying urgent needs, supporting information management and coordinating with health partners.

To sustain and expand these efforts, **US$ 1.5 million** was released from the CFE within 48 hours. The funding is being used to support emergency coordination and surge capacity, strengthen logistics and the delivery of essential medical supplies, assess and restore the functionality of health facilities, enhance surveillance for potential disease threats, and support risk communication, community engagement, water, sanitation and hygiene activities in affected communities.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Operating in a country already facing a protracted humanitarian crisis, the response aims to ensure continuity of essential health services while preventing secondary health emergencies in the aftermath of the disaster. The CFE allocation demonstrates the value of rapid, flexible financing: enabling PAHO/WHO to move quickly from assessment and coordination to sustained operational support when health needs are greatest.